

CLAIMS ONLY

Application Number

" Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED 9/18/06 | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------------------|---------------------|--------|-----------------------|--------|------------------------|--------|
| | Indep. | Depend | Indep. | Depend | Indep. | Depend |
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| Total Independent Claims | 4 | | | | | |
| Total Dependent Claims | 31 | | | | | |
| Total Claims | 35 | | | | | |

May be used for additional claims or amendments

| | * Indep | * Depend | * Indep | * Depend | * Indep | * Depend |
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| Total Independent | | | | | | |
| Total Dependent | | | | | | |
| Total Claims | | | | | | |